

# FAMILY PROFILE

Date: \_\_\_\_\_

Name: _____	Address: _____ City: _____ Zip: _____	
Date of Birth: _____  SSN: _____ - _____ - _____	Home Phone: _____  Message: _____	Valid Driver's License: Yes ___ No ___ State _____ # _____

**RACE: (circle one)**      White                      Black                      American/Alaskan Native  
    Asian/Pacific Islander                      Hispanic

**FAMILY:**  
 Marital Status: (circle one)    Married              Single              Divorced              Separated              Widow

People living in your household:

NAME	RELATIONSHIP	AGE	SCHOOL HOURS

Do you have day care? YES \_\_\_\_\_ NO \_\_\_\_\_

Primary child care provider: \_\_\_\_\_

Are the children in school? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a back up provider? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, name: \_\_\_\_\_

**INCOME:**

Source	Amount
AFDC	
SSI	
Wages	
Other (Describe) _____ _____	

Do you have medical insurance?    No \_\_\_\_\_ Yes \_\_\_\_\_

Do you have medical insurance? No \_\_\_\_\_ Yes \_\_\_\_\_

Do you receive food stamps? No \_\_\_\_\_ Yes \_\_\_\_\_ Amount: \$ \_\_\_\_\_

## TRANSPORTATION

Do You Have Transportation?	Yes _____ No _____ If Yes, Vehicle Year: _____ Make: _____
Is the vehicle reliable?	Yes _____ No _____
Is it insured & registered?	Yes _____ No _____
Do you have back-up transportation?	Yes _____ No _____
Does a supportive services agency pay for your transportation expenses?	Yes _____ No _____ If Yes, what agency? _____ What portion of the expenses? _____

## EDUCATION

Highest school grade completed: (Circle one)	1 2 3 4 5 6 7 8 9 10 11 12 GED College (# years): 1 2 3 4
Presently enrolled in	____ High School (Where) _____ ____ College courses (Where) _____ ____ Vocational school (Where) _____ ____ Apprenticeship program (Where) _____ ____ Other training (Explain) _____

Primary language: \_\_\_\_\_ Circle all that apply to you: Speak: Read: Write

Other Languages: \_\_\_\_\_ Speak: Read: Write

## MEDICAL HISTORY

Do you have any long term illnesses or medical problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain: \_\_\_\_\_

## WORK ETHIC

What do you like most about working?	
What do you like least about working?	
What is a good reason for leaving a job?	
How would you deal with a difficult supervisor or difficult coworkers?	
How do you feel about working full-time and being away from your family that long?	
How will you deal with sick children and other family responsibilities that may interfere with work?	
What do you feel has kept you from being employed full time?	

## LEGAL

Do you have any pending court matters?	Yes _____ No _____ If Yes, explain (i.e. divorce, civil, criminal) _____
Do you have any prior convictions?	Yes _____ No _____ If Yes, please state dates, type of offenses and outcomes (including any sentences) _____
Do you have any history of alcohol or drug abuse?	Yes _____ No _____ If Yes, are you in treatment? _____
Do you have any history of violent activity or relationships with violent people?	Yes _____ No _____ If Yes, explain _____ _____

Are you currently participating in CalWORKS? Yes \_\_\_\_\_ No \_\_\_\_\_

Who is your job specialist? \_\_\_\_\_

## GOALS AND OBJECTIVES

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## WORK EXPERIENCE

What type of work are you interested in?

Are you currently working? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary

How many hours per week? \_\_\_\_\_

## EMPLOYMENT

Please list employment history starting with your last job

1. Job title: \_\_\_\_\_ Date: From \_\_\_\_\_ to \_\_\_\_\_

Name of Company \_\_\_\_\_ Wage \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

